



PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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| | | | |
|---|---|------------------------|--------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | | Application Number | 09/346,794 |
| | | Filing Date | July 2, 1999 |
| | | First Named Inventor | Terrance P. SNUTCH |
| | | Art Unit | 1646 |
| | | Examiner Name | N. Basi |
| Total Number of Pages in This Submission | 5 | Attorney Docket Number | 381092000720 |

ENCLOSURES (Check all that apply)

| | | |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form (1 page + duplicate for fee processing) | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) (1 page) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Extension of Time Request (1 page) | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | Return Receipt Postcard |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> Reply to Missing Parts/Incomplete Application | Remarks | |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | Customer No. 25225 | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|--------------------------|----------|--------|
| Firm Name | MORRISON & FOERSTER LLP | | |
| Signature | <i>Kate H. Murashige</i> | | |
| Printed name | Kate H. Murashige | | |
| Date | June 24, 2005 | Reg. No. | 29,959 |

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: June 24, 2005

Signature: *Marian L. Christopher*

(Marian L. Christopher)



PTO/SB/17 (12-04v2)

Approved for use through 7/31/2006. OMB 0651-0032
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| | | | | |
|---|--|--------------------------|---------------------|--------------|
| FEE TRANSMITTAL For FY 2005 <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Complete if Known | | |
| | | Application Number | 09/346,794 | |
| | | Filing Date | July 2, 1999 | |
| | | First Named Inventor | Terrance P. SNUTCH | |
| | | Examiner Name | N. Basi | |
| TOTAL AMOUNT OF PAYMENT (\$) | | 475.00 | Attorney Docket No. | 381092000720 |

| | |
|---|---|
| METHOD OF PAYMENT (check all that apply) | |
| <input type="checkbox"/> Check | <input type="checkbox"/> Credit Card |
| <input type="checkbox"/> Money Order | <input type="checkbox"/> None |
| <input type="checkbox"/> Other (please identify): _____ | |
| <input checked="" type="checkbox"/> Deposit Account | Deposit Account Number: <u>03-1952</u> Deposit Account Name: <u>Morrison & Foerster LLP</u> |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments |

| | | | | | | | |
|---|--------------------|---------------------|---|---------------------|-------------------------|----------------------|-----------------------|
| FEE CALCULATION | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | |
| | | Small Entity | | Small Entity | | Small Entity | |
| Application Type | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fees Paid (\$) |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | 0.00 |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | 0.00 |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | 0.00 |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | 0.00 |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | 0.00 |
| 2. EXCESS CLAIM FEES | | | | | | | |
| | | | | | | | Small Entity |
| | | | | | | | Fee (\$) |
| Fee Description | | | | | | | Fee (\$) |
| Each claim over 20 (including Reissues) | | | | | | | 50 |
| Each independent claim over 3 (including Reissues) | | | | | | | 200 |
| Multiple dependent claims | | | | | | | 360 |
| | | | | | | | 180 |
| Total Claims | | | | | | | |
| Extra Claims | | | | | | | |
| Fee (\$) | | | | | | | |
| Fee Paid (\$) | | | | | | | |
| - = x = 0.00 | | | | | | | |
| Indep. Claims | | | | | | | |
| Extra Claims | | | | | | | |
| Fee (\$) | | | | | | | |
| Fee Paid (\$) | | | | | | | |
| - = x = 0.00 | | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| Total Sheets | | Extra Sheets | Number of each additional 50 or fraction thereof | | Fee (\$) | Fee Paid (\$) | |
| - 100 = | | /50 | (round up to a whole number) x | | = | 0.00 | |
| 4. OTHER FEE(S) | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | |
| Other (e.g., late filing surcharge): 2252 Extension for response within second month | | | | | | | 225.00 |
| 2401 Notice of appeal | | | | | | | 250.00 |

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|---------------------|--------------------------|-----------------------------------|----------------|
| SUBMITTED BY | | | |
| Signature | <i>Kate H. Murashige</i> | Registration No. (Attorney/Agent) | 29,959 |
| Name (Print/Type) | Kate H. Murashige | Telephone | (858) 720-5112 |
| | | Date | June 24, 2005 |